



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2012
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 000131608 | | 2. Exact name of the Corporation The Barn Yard Enterprises, Inc | | | |
| 3. Principal Office Address 9 Village Street | | | City Ellington | State CT | Zip 06029 |
| 4. NAICS Code 23615 | | 6. Brief description of the character of business conducted in Rhode Island Construction of residential P&B Barns & Garages. Delivery of pre-fabricated Storage Buildings | | | |
| 5. State of Incorporation CT | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Everett Skinner IV | | | Vice-President Name Christopher Skinner | | |
| Street Address 14 Bradway Pond Rd | | | Street Address 160 Bald Hill Rd | | |
| City Stafford Springs | State CT | Zip 06076 | City Tolland | State CT | Zip 06084 |
| Secretary Name Everett Skinner III | | | Treasurer Name | | |
| Street Address 175 Eaton Rd | | | Street Address | | |
| City Tolland | State CT | Zip 06084 | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 20,000 | CWP | 80 |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> | | | | | |
| Name of Authorized Representative Everett Skinner IV | | | | | Date 6/25/18 |
| Signature of Authorized Representative <i>Everett Skinner IV</i> | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUN 25 2018
 BY **333439**
A.A. 12:41 pm.